

CLAIMS ONLY						Application Number 10806970	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend
1	I						51		
2		I					52		
3	I						53		
4		I					54		
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45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	I						Total Indep		
Total Depend	2						Total Depend		
Total Claims	4						Total Claims		